

PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. 320

U. S. **COST REIMBURSABLE**

(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. 1170

To \_\_\_\_\_

(Payee)

(Address)

(City)

(State)

PAID BY

SAPC 7619  
COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				18,692	64 ✓

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Use continuation sheet(s) if necessary

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total \$18,692 64 ✓

I certify that the above bill is correct and just and that payment has not been received.

STATINTL

(Sign original only)

Date 6/28/56

STATINTL

Per \_\_\_\_\_

(Payee must NOT use this space)

Differences \_\_\_\_\_

Amount verified; correct for \_\_\_\_\_

(Signature or initials) JPS

18,692 64

Contract No. A101 Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd. \_\_\_\_\_

Pursuant to \_\_\_\_\_ amount is correct and proper for payment.

† Appr \_\_\_\_\_

By \_\_\_\_\_  
CONTRACTING OFFICER

Title \_\_\_\_\_ STATINTL Date \_\_\_\_\_

7/12/56  
(Certifying Officer)

STATINTL

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

APPROVING OFFICER

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$\_\_\_\_\_  
Cash, \$\_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_. Payee \_\_\_\_\_  
on Treasurer of the United States in favor of payee named above.

(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given, and the name of the officer or partner, or the name of the "John Doe Company, per John Smith, Secretary, or Treasurer, as the case may be."  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$\_\_\_\_\_", and over his official title.

Title \_\_\_\_\_

Approved For Release 2000/04/11 : CIA-RDP64-00360R000400100050-2  
MEMORANDUM

Services Other Than Personal

CONTINUATION SHEET

U. S. **COST REIMBURSABLE** Sheet No. **1** of Bureau Voucher No. **320**  
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract A101 - System II					
		Direct Costs Properly Chargeable to Contract A101 for the period 3-12-56 thru 6-10-56					
		Labor for the period 3-12-56 thru 6-10-56					
		Overhead computed for the Electronic Instrumentation Division at interim rate of [REDACTED]					
		Total Labor & Overhead					
		G & A expense computed at interim rate of [REDACTED]					
		Total Costs				\$18,692	64

STATINTL

STATINTL

STATINTL